Iowa State Innovation Model
Healthcare Innovation and Visioning Roundtable
In Person Roundtable Workgroup Meeting #1

May 24, 2018 9:00 am – 3:00 pm

Hoover Building – 1303 E. Walnut, Des Moines
A Level – Rooms 16 & 17

Meeting Minutes

9:00 – 9:10am: Welcome and Introductions

Jerry Foxhoven, Director, Iowa Department of Human Services (DHS) welcome everyone on behalf of the Governor Reynolds and DHS and thank everyone for attending. Director Foxhoven outlined the purpose of the meeting, noting that the Healthcare Innovation and Visioning Roundtable created two workgroups to develop recommendations for building sustainable healthy communities and the sustainable sharing and use of data. He reminded participants that the Roundtable is charged with developing consensus on how to sustainably transform the healthcare system to best serve the needs of all Iowans and to deliver these recommendations to Governor Reynolds in September. Director Foxhoven introduced facilitators and presenters, including national experts.

9:10 – 9:30am: Workgroup Background and Purpose

Lori Coyner, Managing Principal, Health Management Associates (HMA), facilitated a review of the work of the Healthcare innovation and Visioning Roundtable including the vision established by the roundtable: Working inside and outside the health care system, we will create healthier communities and transform the delivery and financing of care to enable all Iowans to live longer and healthier lives. Ms. Coyner also reviewed prominent theme for both workgroups that emerged from previous roundtable meetings. For the Health Communities' workgroup, these themes included:

- Prevention is different than care coordination

- Focus on community-based prevention strategies

- Population health and social determinants

- Hierarchy of needs across health and non-health domains

- Population-specific levels of care coordination

For the Data Sharing and use workgroup, prominent themes from the roundtable included:

- Challenges of exchanging information real-time

- Bi-directional health information exchange at the point of service

- Restrictions in current regulations (e.g. HIV, behavioral health, and substance abuse information)

- Transparency needed for transformation at the service delivery level

    - Data or insight into tools (e.g. Value Index Score)

    - Capture Total Cost of Care (TCOC)

9:30 – 10:00am: Educational Presentation and Discussion

Sandra Wilkins and Lauren Block with the National Governors Association (NGA) presented an Overview of Lessons Learned in Building Complex Care Programs. The presentation outline three phases:1) Design Phase (using data to determine the target population, matching to evidence-based interventions needed and building an implementation tracking and evaluation strategy based on the delivery and payment model selected), 2) Implementation Phase (operationalizing the program, monitor and track implementation and activate a rapid-cycle evaluation plan, and 3) Evaluation Phase (conducting a comprehensive prospective or retrospective evaluation). Common approaches to delivery and payment model design and implementation was also addressed. Roundtable participants also reviewed and discussed select state examples, including initiatives in Alaska, Michigan, Puerto Rico, and Wyoming.

10:00 – 2:15pm: Breakout by individual Workgroup

Alex Billioux, Director of the Division of Population Health Incentives and Infrastructure, with the Center for Medicare and Medicaid Innovation presented to the **Healthy Communities Workgroup** on Accountable Health Communities (AHCs). The presentation focused on how AHCs improve quality and impact cost of care through clinical-community partnerships addressing health-related social needs. Dr. Billioux emphasized that many of the largest drivers of healthcare costs fall outside the clinical care environment Social and economic determinants, health behaviors, and the physical environment significantly drive utilization and costs. He addressed AHCs structures, including use of "bridge organizations," and screening for core health-related social needs, including screening tool development.

David Rogers, Managing Principal, HMA, and Sandra Wilkins, NGA facilitated a discussion among **Healthy Communities Workgroup** participants that addressed:

- Attributes of a healthy community;

- Partners inside and outside the healthcare system needed to develop healthy communities;

- Strategies and methods for educating and equipping communities which incorporates payer agnostic principles;

- Dependencies and economic impacts with transition; and

- Measures and milestones of success.

Kate Kiefert from the Office of the National Coordinator Health IT Resource Center presented to the **Sharing and Use of Data Workgroup**. Ms. Kiefert outlined a framework for building or aligning, data sources and health information technologies (HIT) infrastructure, and financing. She addressed foundational components for governing HIT. She provided particular attention to data and HIT for

global budgets. Ms. Kiefert also presented case studies including efforts in Maine, New York, and Washington.

Lori Coyner, HMA, and Lauren Block, NGA, facilitated a discussion among **Data Sharing and Use of Workgroup** participants that addressed:

- Attributes of successful use and sharing of data including type of data, resource needs, information exchange needs.

- Barriers to success for use and sharing of data and recommends strategies for overcoming barriers regarding capabilities, alignment and standards needed to promote data exchange across the following domains:

    - Interoperability at the point of service;

    - Identification of high needs/high utilizers; and

    - Access to claims data for measuring and monitoring total cost of care.

- Emerging technologies; and

- Measures and milestones of success.

2:15 – 2:50pm: Workgroup Chairs' Report

Individual workgroups came back together to review progress of the respective workgroups. Nick Gerhart, chair of the **Data Sharing and Use of Workgroup,** reported progress of that workgroup and summarized strategies, including creating technology system with real time data for patient care. Dr. Mike Romano, chair of the **Healthy Communities Workgroup,** reported out on that workgroup. He highlighted inventory of related efforts, including support for existing programs, and opportunities for more defined delivery system transformation that is scalable and sustainable.

2:50 – 3:00pm: Closing and Net Steps

Director Foxhoven thanked participants for their time and willingness to be part of this important work, noting their active participation is critical to creating obtainable goals for transforming Iowa's healthcare system. He reviewed the upcoming roundtable and workgroup timeline, including next Roundtable meeting scheduled for June 20th and next scheduled workgroup meetings